



**Arizona Department of Health Services  
Office for Children with Special Health Care Needs  
Integrated Services Grant**



**Health Care Benefits  
October 19, 2006  
Meeting Minutes**

**Attendees:** Elise Bartlett, Wendy Benz, Kent Gooding (Substitute), Mary Beth Joubanc, Cynthia Layne, Kim Van Pelt, Cheryl Prescott, Claire Sinay, Linda Trujillo

MEETING ITEM	SPEAKER	DISCUSSION	ACTION ITEMS
Welcome and Introductions	Wendy Benz		
Overview of AZ Health Care System for Children with Special Health Care Needs (CSHCN)	Wendy Benz	<p>Ms. Benz reviews Integrated Services Grant, Health Care Benefits binders with committee. Wendy Benz presents a power point presentation that illustrates Arizona's Health Care Systems.</p> <p>The presentation clarified the relationship of specific children's choices with public program insurance. Explaining the difference between private and public insurance.</p> <p>Organization chart of Arizona's Health Care Systems.</p> <hr/> <p>Program's covered:</p> <ul style="list-style-type: none"><li>• Arizona Health Care Cost Containment Systems (AHCCCS)</li><li>• Kids Care</li><li>• Developmental Disability Arizona Long Term Care System (DD ALTCS)</li><li>• Supplemental Security Income (SSI)</li><li>• Tricare</li><li>• Service Delivery Systems (Division of Developmental Disabilities-DDD, Children's Rehabilitative Services-</li></ul>	

		CRS, Arizona Early Intervention Program-AzEIP, Regional Behavioral Health Authorities-RBHAs, Indian Health Services-IHS, Community Clinics, Community Nurses, School Nurses)	
<b>Subcommittee Goals</b>	Cheryl Prescott	<p>Health Care Benefits section of the grant is to look at all the overall health care systems and find the gaps. There are four tasks required by the grant for the Health Care Benefits Committee.</p> <ol style="list-style-type: none"> <li>1. Assess adequacy of insurance coverage for children with special health care needs.</li> <li>2. Evaluate identification of children with special health care needs in commercial insurance plans</li> <li>3. Identify coordinated funding of services for children with special health care needs</li> <li>4. Evaluate the number of uninsured children with special health care needs and make recommendations.</li> </ol>	<p>1. The grantee was able to assist the State in improving access to adequate health insurance coverage by:</p> <ol style="list-style-type: none"> <li>1) decreasing the number of CYSHCN without insurance;</li> <li>2) increasing the number of CYSHCN with access to insurance that meets their needs; and/or</li> <li>3) improving the financing and reimbursement of services needed by CYSHCN.</li> </ol> <p>The grantee was able to assist the State in implementing activities statewide.</p> <p>3. The grantee was able to assist the State in developing partnerships and collaborating with key stakeholders in the State, such as State agencies (e.g., Medicaid agencies, State insurance commissioners), health insurance companies/managed care organizations; provider organizations (e.g., hospitals, physician groups); employers, unions, and other employee-related organizations; families; and consumer groups.</p> <p>4. The grantee participates in activities to disseminate the project's results, products, and materials to local, state, and/or national audiences.</p>

<b>Health Insurance Benefits Mandate by Arizona Law</b>	Elise Bartlett	<p>True commercial insurance is regulated by the Department of Insurance and does regulate health insurance. In order to get a mandate there is a statute that requires that any group that is trying to add a new mandate to state insurance code has to submit a report to the legislature that assesses social financial impacts of coverage including the effectiveness of treatment of the service proposed. Mental Health and diabetes are not mandates but can be included in the plan. In groups and individuals if there is a child that will reach the limiting age of whatever their policy dictates if they certify that they have a disability that prevents them from working they have to continue the care.</p> <p>Overview of the Department of Insurance helping a family with a child with special health care needs</p> <ol style="list-style-type: none"> <li>1. Forms filed and approved by the department to make sure that the individual evidence coverage to make sure all the mandates are in there</li> <li>2. There is a consumers affairs department where people can make grievances.</li> <li>3. Health care appeals statute which if there has been a denial of service or denial of claim. There is a three-step process to appeal that is really consumer friendly legislation.</li> </ol>	
<b>AHCCCS</b>	Claire Sinay	<p>The AHCCCS array of services by program and age is reflected in Section 4 with the title "Appendix III" of the binder of materials given to each committee member at this meeting. Services include Acute, Long Term Care and Behavioral Health Services as noted. AHCCCS contracts with sister agencies and public and private sector health plans for the provision of these services. The AHCCCS Medical Policy Manual is an excellent resource for more detailed information regarding covered services. It is found on the AHCCCS website at <a href="http://AZAHCCCS.gov">AZAHCCCS.gov</a>.</p>	
<b>Brainstorming</b>	All	<ol style="list-style-type: none"> <li>1. Assess adequacy of public benefits for children with special health care needs (CYSHCN) <ul style="list-style-type: none"> <li>• Survey (private/public)?</li> </ul> </li> </ol>	<p>To Do</p> <ol style="list-style-type: none"> <li>1. Define CYSHCN (other states/MCHB)-Cheryl</li> </ol>

		<ul style="list-style-type: none"> <li>• Behavioral Health</li> <li>• AHCCCS/ CRS Surveys</li> <li>• AHCCCS plans-survey</li> <li>• IHS data (CHS)</li> <li>• Four Criteria for DDALTCS and money for non DDALTCS</li> </ul> <p>2. Evaluate identification of CYSHCN in commercial insurance plans</p> <ul style="list-style-type: none"> <li>• Identify data sources (matrix from Cheryl)</li> <li>• Survey to identify barriers to full utilization of public</li> </ul> <p>3. Identify coordinated funding of services for CYSHCN</p> <ul style="list-style-type: none"> <li>• Scenarios from Linda, Wendy and others</li> </ul> <p>Categories</p> <ol style="list-style-type: none"> <li>1. Behavioral Health</li> <li>2. Coordination of Benefits (dual coverage)</li> <li>3. Quality of Information/ Parent Info</li> <li>4. Continuity of Care</li> <li>5. Lack of Medical Home/ Sharing of information between systems</li> <li>6. Hook-up to community resources</li> </ol>	<ol style="list-style-type: none"> <li>2. Why four criteria DDALTCS?- Wendy</li> <li>3. Universal App-Scope and status- Claire</li> <li>4. Medicaid buy in and other states approaches- Claire/Wendy</li> <li>5. Arizona Health Query- Mary Beth 15mins</li> <li>6. Citizenship?-Kim</li> </ol> <p>Private insurance overview-</p>
<b>Next Meeting</b>		<b>Thursday, November 16, 2006 10am-12pm ADHS Bldg.; Room 435B</b>	